

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000094226

**Entity Name:** SOLIS HEALTH PLANS, INC.

**Current Principal Place of Business:**

9250 NW 36TH STREET  
SUITE 400  
DORAL, FL 33178

**Current Mailing Address:**

9250 NW 36TH STREET  
SUITE 400  
DORAL, FL 33178 US

**FEI Number:** 81-0726576

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MEENAN, TIMOTHY J  
300 S DUVAL STREET  
STE 410  
TALLAHASSEE, FL 32301 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title CFO  
Name DE CARDENAS, JUAN  
Address 9250 NW 36TH STREET  
City-State-Zip: DORAL FL 33178

Title DIRECTOR  
Name ECHAVARRIA, DANIEL  
Address 3444 MAIN HIGHWAY  
2ND FLOOR  
City-State-Zip: MIAMI FL 33133

Title CEO  
Name HERNANDEZ, DANIEL  
Address 7194 SW 47TH STREET  
City-State-Zip: MIAMI FL 33155

Title DIRECTOR  
Name STROUD, ROBERT  
Address 2 N. TAMIAMI TRAIL  
City-State-Zip: SARASOTA FL 34239

Title DIRECTOR  
Name WOLF, MACE  
Address 14220 N. HONEYBEE TRAIL  
City-State-Zip: ORO VALLEY AZ 85755

Title DIRECTOR  
Name SMITH, SCOTT  
Address 1655 SOUTH DRIVE  
City-State-Zip: SARASOTA FL 34239

Title DIRECTOR  
Name VILLOLDO, RAFAEL  
Address 6990 NW 25TH STREET  
City-State-Zip: MIAMI FL 33122

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JUAN DE CARDENAS

CFO

04/28/2022

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date